MARGIN

V. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSIC'ANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

241 Registration Dist. No.

C+.	(Innal)

[It death occurred in a hospital or Institution. give its NAME Instead

OCCUPATION (a) Trade, probession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MADIEN NAME OF FATHER 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 BIRTHPLACE (State or country) 16 MADIEN NAME OF MOTHER 17 I BIRTHPLACE (State or country) 18 BIRTHPLACE (State or country) 19 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MADIEN NAME (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Month) (Day (Year) 19 I HEREBY CERTIFY hat I attended deceased fro that I last saw h alive on	FULL NAME WAllaw Sto	enry (dams) of street and number.]
MARIED, WOODWEST (World Control of the word) DATE OF BIRTH (Mouth) (Day (Year) (Mouth) (Day (Year) If LESS than 1 (day, ars. or, indicates in which employed (or employer) BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Beaeral nature of Industry, which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant) MARIED, World (Informant) MARI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ODATE OF BIRTH (Month) (Day (Year) TAGE II LESS than if day, hrs. or min.? OCCUPATION (3) Trade, profession, or particular kind of work. (S) General nature of industry, business, or establishment in which employed (or employer) PORTHIPHIACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MADIEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Duration the date stated above, at A reconstruction of the date stated above, at a later of the date stated above, at A reconstruction	MARRIED, Warren	(Month (Day (Year)
and that death occurred on the date stated above, at	6 DATE OF BIRTH	, 191, to, 191,
Which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Buration) (Address) (Buration) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Buration) (Address) (Buration) (Buration) (Address) (Address) (Buration) (Address) (Buration) (Address) (Buration) (Address) (Buration) (B	TAGE It LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	and that death occurred on the date stated above, at
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS	which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER A down	Secondary (Duration) yrs mos ds. (Signed) When the secondary M. D.
Where was disease contracted, if not at place of death? Former or usual residence. (Address)	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds
(Mari Ann)	P O PO C.	Where was disease contracted, If not at place of death?
Filed Gug 19, 1915 M Kenoustry REGISTRAR 10 UNDERTAKER ADDRESS WHITE WAR ADDRESS ADDRESS	Filed aug 19, 1915 TH Kerronson	19 PLACE OF BURIAL OR REMOVAL Conquirie Cent. 20 UNDERTAKER ADDRESS Conquirie Conquirie ADDRESS Conquirie

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci Always qualify all diseases resulting from Mcaslcs (disease causing death), 29 ds.; "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[if death occurred in

FULL NAME Prival Ball	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month (Day (Year)) 7 AGE (Month) (Day (Year))	that I last saw huse alive on Asset 1 9 - , 1914. and that death occurred on the date stated above, at 9 - & m.
9 OCCUPATION (a) Trade, profession, or particular kind of work. 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) BLACE (State or country)	Contributory Malmutrisius Secondary
10 NAME OF FATHER Related Ball 11 BIRTHPLACE OF FATHER (State or country) P. G. Co., And. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally Suicidely of Howicidals.
of MOTHER Colith a Programme of MOTHER (State or country) Character of MY KNOWLEDGE (Informant) Actual Bell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or
(Address) Partchellville Prof. 16 Filed Ary 19, 1915 Melson A Ryon In REGISTRAR	Holy Trucky Church my Aug 50, 1915 120 UNDERTAKER WOOD WOODNESS
13 BIRTHPLACE OF MOTHER (State or country) Chon Gr. Country 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Actual Bell (Address) Mitchellwille Maje 16 Filed My 19, 1915 Melson A Ryon in REGISTRAR	At place of death yrs. mos. ds. State yrs. mos. Mhere was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL TO DATE OF BURIAL Holy Junt Church 724 Aug 50, 191.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Namé, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Never report



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PLACE OF DEATH ...Ward) 0 PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR BACE MARRIEO. WIDOWED. OR OLVORCED (Day) (Year) If LESS than 7 AGE 1 day,hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. may be p (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory..... certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ō 11 BIRTHPLACE ENT OF FATHER (State or country) ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions pial Information OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At piace OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. I DEAT Where was disease contracted. If not at place of death? See 6 Former or Item OF usual residence. mportant. Every Its PLACE OF BURIAL OR REMOVAL 15 UNDERTAKER 0 REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred la a hospital or Institution, give its NAME lostead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Month) (Day)

I HEREBY CERTIFY, That I attended deceased from

and that death occurred on the date stated above, at____ The CAUSE OF DEATH * was as follows:

(Doration)yrs....mos.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the

State yrs, mos, ds.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. duties of the household only (not paid Housekeepers minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative Mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can The nature of the "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 31915 BURLAU, V.S.

V. S. No. 1.

Cour	ge or City Brentonne (No. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 248 Lusles St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Infant Bu	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARKIED, Smile	16 DATE OF DEATH Any 13, 1915 Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AG	(Morth) (Day) (Year) (Morth) (Day) (Year) (Morth) (Day) (Year) (Year) (If LESS fhan 1 day, / hrs. OR min.? (CCUPATION 1) Trade, profession, or rificular kind of work (I) General nature of industry siness, or establishment in nich employed (or employer) (State or country) Mary Lund	that I last saw how alive on any 13, 1915, that I last saw how alive on any 13, 1915, and that death occurred on the date stated above, at 10 Pm. The CAUSE OF DEATH * was as follows: (Buration) yrs. mos. ds. Contributory Secondary
14 TI SENTS	10 NAME OF FATHER Clovool I, Brus all 11 BIRTHPLACE OF FATHER (State or country) Phila Pa 12 MAIDEN NAME OF MOTHER Chiel Wood 13 BIRTHPLACE OF MOTHER Claudia Va HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) televoor I, Brusale (Address) Bruelword I, Brusale (Address) Bruelword I, Made Registrar	(Signed) (Signed) (Signed) (State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAOSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. ds. Whors was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bludeling MA ADDRESS FLAGRESS Bladenishing was.
-	If more blank are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Wonten at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by earbolic acid-probably SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uradmia," "Weakness," "Ansemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" cough; Chronic vulvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) under the head of "Contributory." "PUERPERAL perilonitis," birth or miscarriage as "Puerpehal septichaemia," cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Caneer" is less definite; avoid use of by railwoy train-accident; Revolver The contributory (secondary or interemetc. State eause for which "Atrophy," Never report mere (Recommendations nound



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

YSICIANS atement of	County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 242
CTLY, PH d. Exact st	Village or City Dissoles Station (No,	Brooks (It death occurred in a hospital or institution, give its NAME instead of street and number.]
Tie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXA(Female white Single, wipowed Sugle (Write the word)	16 DATE OF DEATHORS 3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
nould be stoperly certificate	6 DATE OF BIRTH Dec 25th (Month) (Day), 185	June 2 4 19151 to aug 31 1915.
AGE si it may i back of	7 AGE It LESS t 1 day, t 1 day, t OR min	and that death occurred on the date stated above, at 1
supplied.	8 OCCUPATION (a) Trade, profession, or parlicular kind of work (b) General nature of industry business, or establishment in	. Suggesting foods mun Chelyen
fully su terms, structi	which employed (or employer)	(Duration)mosds.
lain se in	9 BIRTHPLACE (State or country) Md	Contributory Secondary Consultants (Ourstion) yrs mos 4 https://www.
Spe	10 NAME OF Thomas R. Brooks	(Signed) La J. Jaroge , M. O. Jeht 1 , 1915, (Address 6 23 Ind are h. E.
ion should F DEATH important	C OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Informat AUSE O	of MOTHER SUSAN R. MOTON 13 BIRTHPLACE OF MOTHER (State or country) M. d.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
state C	(Informant) Miles Mine. P. Brooks	If not at place of death?
Every item of should state C OCCUPATION	(Address) Hyattsville md	adderson Chafel Sept 200, 1915
. B.	Fled Sept. 2", 1915 - Grace Down	fr. Lasches Sous Bladensburg
-	If more blacks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write Nane. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Choury: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman cian, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in therefore an additional line etc. But in many cases, If retired from engineer,

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninungualified, is indefinite); Tubereulosis of lungs, menin-

under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus, on Nomenclature of the American Mcdieal Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds, Brohcough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," The contributory (secondary or intercur-"Drops," "Uracmia," "Weakness, carbolic acid-probably Never report incre (Recommendations "Exhaustion, pumound



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Pr. Sev. STATE OF MARYLAND 13851 CERTIFICATE OF DEATH

Registration Dist, No. 240

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Inform	2FULL NAME Ely Brook	St.; Ward) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
Male Colored (Frite the word) DATE OF BIRTH Manch (Day (Year)) TAGE It LESS than 1 day, hrs. ox min. ? OCCUPATION (a) Translessin, or naricular kind of work (b) General nature of industry, business, or establishment in which employed (or ampleyr) DE CONTRACE (State or country) 10	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**Signed January Location (Signed January Location) The Cause Agriculture of the Colors of Earth (State or country) **OFFATHER (State or country) **OFFAT	MARRIED, Sugle	Minth (Day (Year)
ad that death occurred on the date stated above, at	March 25th 1915.	, 191, to
**State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 COUNTRIES OR DEATH Was as follows: 16 CORTIDUTOR OR DEATH Was as follows: 17 DAME OF DEATH Was as follows: 18 CONTIDUTOR OR DEATH OF DEATH OF DEATH OF THE BEST OF MY KNOWLEDGE (Informant) 19 DAME OF DEATH Was as follows: 10 DAME OF DEATH Was as follows: 10 DAME OF DEATH Was as follows: 11 BIRTHPLACE OF HARMS OF INJURY; and (2) Whether Accidential Application on Recent Residence In the of death yrs, mos. ds. Slate yrs, mos. ds. 11 BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residence of death yrs, mos. ds. Slate yrs, mos. ds. 12 MADDEN STRUE TO THE BEST OF MY KNOWLEDGE (Informant) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 CONTIDUTED OF DEATH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residence of death? Former or usual residence	THE ELOS WITH	
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 INCOMENTATION AND	yrs 4 mos 22 ds OR min.?	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or death yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.	(a) Trade, protession, or particular kind of work	Diavrhoea
Secondary	business, or establishment In	(Duration) yrs mos 4 ds.
(Signed) fullices Tv. Smith, Acting Co. M. B. (Signed) fullices Tv. Smith, Acting Co. M. B. (Signed) fullices Tv. Smith, Acting Co. M. B. (State or country) (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Signed) fullices Tv. Smith, Acting Co. M. B. (Address) Juricular Luck	(State or country)	Secondary
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant) (In	FATHER James Q, Toroles,	(Signed) Julies TV. Smith acting Corner
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant) (In	(State or country) 2 (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
(Intermant) Carrie S. Brooks.	13 BIRTHPLACE OF MOTHER	At place in the of death yrs, mos ds. State yrs, mos ds
1 3 A Read Service Med 19 BLACE OF BURIAL OF BENOVAL	Provide the State of	If not at place of death?
16 Fled Aug 6 1915 Julius R. Smith 20 UNDERTAKER ADDRESS	1 the - 1 the	Revoras AMO Ulmelen May 1 / IT, 1919
If more blank are needed, address State Registrar, 6 E. Franklin St. Balto. Requesting V S No. 1	Local REGISTRAR240	

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the nus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase eausing death), 29 ds.; affection need not be stated unless important. ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The coutributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915

V. S. No. 1.

N. B.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMA, ENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. on back of certificate. WRITE PLAINLY, WITH DEATH in plain See instructions -Every item of information CAUSE OF DEATH in pial Important. See instructions 13852

1 PLACE OF DEATH

Prime George



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 235

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Mollie Bell Brown,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (White the word)	16 DATE OF DEATH Aug 20, 1915 (Month) (Day (Year)
8 DATE OF BIRTH 21 , 1856	that I last saw her alive on are 20, 1915
7 AGE (Month) (Day (Year) 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4/150, m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work.	Carcinoma of Breast and
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ts.
State or couptry) Forestville P.G. Co ned	Secondary Leading yrs 2 mos ds.
10 NAME OF John H. Lausbury	(Signed) Al Ctienine, M. D.
11 BIRTYPEACE OF FATHER (State or country) 12 Main Monther OF MOTHER 2	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
(informant) and see to the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Franchille File Gray 22nd 1915 John Smith	19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL DISTRIBUTION 195 20 UNDERTARDE THE APPRESS PARTY
REGISTRAR	1 July 6, Uneuch plant My

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," For vio-



STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No If death occurred inWard) a hospitat or institution. give its NAME Instead EXACTLY of street and number. RECORD classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, 16 DATE OF DEAT 4 COLOR OR RACE stated PERMANENT WIDOWED OR OIVORCEO be properly certificate. (Month) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pino pe (Month) (Day) (Year) 7 AGE It LESS than of and that death occurred on the date stated above, at ш 1 day, hrs. Ë X O OR min.? d ba (a) Trade, profession, or 0 tha ed 2 SUO particular kind of work. 80 dns (b) General nature of lodustry instructi business, or establishment in UNFADING termi carefully which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary See 10 NAME OF FATHER pino S 11 BIRTHPLACE ENT (State or country) *State the DIBEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANA OF INJURY; and (2) whether ACCIDENTAL, Œ 12 MAIDEN NAME SUICIDAL OF HOMICIOAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS 13 BIRTHPLACE in the infor S At piece OF MOTHER 5 (State or country) of death yrs. mss. Ststs. Every item of in should state CA OCCUPATION Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST If not al place of death?..... Farmer or (Informant) ususi residence DATE OF BURIAL (Address) ADDREBS m z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP S 1915

		PHYSICIANS of statement of	1
	A PERMANENT RECORD	should be stated EXACTLY.	of certificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	uld be carefully supplied. AGE	portant. See instructions on back
V. S. No. 1.	WRITE PLAINLY, V	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proberly blassified. Exact statement of	OCCUPATION Is very import

PLACE OF DEATH 13854	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Farment Lights (No. 247,	Registration Dist. No. 247 St.; Ward) St.; Ward) If death occurred in a hospital or institution, give its NAME instead
FULL NAME Thomas. N. Brown	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE tf LESS tha 1 day, hrs 1 day, mln.?	and that death occurred on the date stated above, at 11.30 m.
(a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. b mos. de. Contributory Secondary (Ouration) yrs. 2 mos. da.
10 NAME OF FATHER Robert Brown 11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. 0. (Signed) , 19 7 (Address) Start Plansau V, Mad
C State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	CLUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) All place In the
(Informant) Sasan A. Brown	If not at place of death?
(Address) 9.47-61st Street, Farmat Hights Ma Filed Cing. 11, 1915 Grace Classer Defects Local Registrar If more blanks for needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WORLD, 191.4. 20 UNDERTAKER ADDRESS 9 0 - 3 St. SW. 7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Workship of the state of th

[Approved by U. S. Cansus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) ! rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Pealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Plonter, Physician, Compositor, Architect, Locomotive engineer, ("will For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Aecidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound "Puebreral peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "He morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," symptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage "Senile," etc.), as "Puerperal septichaemia," "Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere



Coun	1 PLACE OF DEATH 13855	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 231
Villag	go or City Brentward (No. , 2 FULL NAME Joseph Bust	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	colo lolored 5 single, married, married, married, married, on bivorced (Brite the word)	16 DATE OF DEATH (MO)th) (Day) (Year)
6 DA	TE OF BIRTH Mar. 9, 1978 (Month) (Dav) (Year)	that I last saw h
) a		and that death occurred on the date stated above, at
bus whi	General nature of industry siness, or establishment in ich employed (or employer) HRTHPLACE (State or country) MAL Lucur	(Ouration) yrs. mos. d Contributory Secondary
PARENTS	10 NAME OF FATHER John Beerl 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maid State or country)	(Signed) Gugusters Shoe Usbers M. M. State the Distass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of death yrs. mos. ds. Slate, yrs. mos. d
15	(Informant) Henry Best of My KNOWLEDGE (Address) 1008 - 4 st In E. ed Dug 31, 1913 - On D. Spincer Registran If more blanks fare needed, address State Registrar,	Where was disease contracted, if not al place of death? Formar or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS 20 — H 23

[Approved by U. S. Consus and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Loborer mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar, pneumania, Branchopneumonia ("Pneumonia," Lobar, pneumania, Branchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-hamicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shoek," "Uraemia," "Weakness," suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUENPERAL peritoritis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage rent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Example: Meosles (disease causing death), 29 ds.; Bron-The contributory (secondary or intercuras "Puerperal septicharmia," Never report mere important.



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OCCUPATION

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No fif death occurred in St.;....Ward) a hospital or institution, give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED Ring (Day (Year) the word) (Day (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) back 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs, ____ mos, ___ ds yrs. Where was disease contracted. It not at place of death? Former or usual residence CAUSE OF DAJE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. eated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronie interstitial nephritis, uant neoplasms); Meastes; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fullure," "Haemorrhage," "Inanition," "Maras gcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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1 PLACE OF DEATH Village or City DATE OF BIRTH (a) Trade, profession, or particular kind of work.



REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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If death occurred in

Campbell	a hospital or institution, give lis NAME Instead ot street and number.]
MEDICAL GERTIFICATE OF	DEATH
	31 , 1918
(Month) 17 / I HEREBY CERTIFY, That I a	(Day (Year)
July 2,7 191 1 7 to my	
that I last saw hele alive on any	0
and that death occurred on the date stated al	
The CAUSE OF DEATH* was as follows:	110 00
melaucholia mor	lutional]
Lobar Preumon	
Contributory Exhaustin	yrs. mos 2 ds.
Secondary	from
meulal Gn Covation)	yrsds.
(Signed) Melling	selferza o.
sefv. 1915 (Address) Law	
*State the DISEASE CAUSING DEATH, or, it CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	n deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,
At place In the	T. yrs, mos ds
Where was disease contracted,	yrs, , us
If not at place of death?	**************************************
usual residence	
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PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Widow ordivorced (Write the word) (Month (Day (Year) TAGE If LESS than f dayhrs. yrs.....ds. OR ? BOCCUPATION (b) General nature of industry, business, or establishment la which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE (Interment) 15

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:...Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than occurred on the date stated above, at 1 day....hrs OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which amployed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ENT (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PAR 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place in the OF MOTHER (State or count of death _____ yrs. ___ mos. ___ State _____ yrs. _ ds. Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requisting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably which surgical operation was undertaken. For vio-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classifled. UNFADING INK-THIS IS AGE carefully supplied. may be DEATH in plain terms, so that it man See instructions on back of certificate. PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, s DEATH In plain Important. N.B.

PLACE OF DEATH

If more



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or Institution.

	2 FULL NAME Robert - Cha	Alam give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE Block Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH ONG 9 ,1915 (Mooth) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE	OF BIRTH OHLO- (Month) (Day (Year)	that I last saw h alive on ,191 ,191 ,191 ,191 ,191 ,191 ,191 ,19
7 AGE	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
	PATION e, profession, or r kind of work	OUU WYW WES OF THE SALVERO
business,	oral nature of Industry, or establishment in iplayed (or emplayer)	
⁹ BIRTH (Ş <u>ta</u>	te or country) Pance Gurre	Contributory Secondary (Burstian) we man do
SLN	BIRTHPLACE OF FATHER (State or country) Pance Service	(Signed) John Cor, w. b. (Signed) John Cor,
13 [BIRTHPLACE OF MOTHER MARY A Henry BIRTHPLACE OF MOTHER (State or country) Rance Loco	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds
14 THE	Man Charle Coultain	Where was disease contracted, If not at place of death? Former or usual résidence
15	(Address) Bank My A Prior Son	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL White Musse 41, 1915

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are needed, address State Registrar, 6 E. Franklin St., Balto. Jequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the nisease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT nEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No.Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED. 3 SEX 16 DATE OF DEATH WIDOWED OR DIVORCED 6 DATE OF BIRTH (Year) 7 AGE If LESS than may 1 day. hrs. 0 DEATH # was as follows: OR min. ? supplied ō (a) Trade, profession, or 20 (b) General nature of industry terms, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory plain See in 10 NAME OF FATHER MARGIN pino ATH 11 BIRTHPLACE RENT OF FATHER (State or country) (*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, ш of information a CAUSE OF DI 12 MAIOEN NAME OF MOTHER A d 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE CAUSE At place OF MOTHER State,yrs.mos. .. (State or country) of deeth Syre.mos. Where wee disease contracted, should state CA if not at place of death ?..... Eormer or item (Informant) usuel residence 19 PLACE OF BURIAL OR REMOVAL Every (Address) 15 20 UNDERTAKER œ REGISTRAR

1 PLACE OF DEATH

DATE OF BURIA ADDRESS If more blank, and needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

If death occurred to

a hospital or institution. give its NAME Instead of street and number. I

(Day) attended deceased from

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Hone, and children, not gainfully mill; (a) Salesman, (b) Grocery: (a) Forenan, (b) Automobile factory. The material worked on may form part Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cuses, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of bungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent peaths birth or miscarriage as "Puerperal septichucana," etc., when a definite disease can be ascertained as the "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Arthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Hronrent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Wheeping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," carbolic acid-probably Never report mere important.



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH Registration Dist. No. 239
Villago or City Sausel (No.	St.; Ward) [If death occurred a hospital or institution give its NAME insternor of street and number
PERSONAL AND STATISTICAL PARTICU	JLARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, AM WILLOWSO OR DIVORCED (Write the word)	ingle 16 DATE OF DEATHZUG /2 (Month) (Day) (Yes
6 DATE OF BIRTH (Month) (Day)	that I last saw the alive on 12 mg, 191 If LESS than and that death occurred on the date stated above, at
8 OCCUPATION O A 3	1 day, hrs. OR mln.? The CAUSE OF DEATH * was as follows: (Descring accedental.)
(a) Trade, profession, or particular kind of work. (b) General gature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos.
10 NAME OF FATHER Sorge lentelee 11 BIRTHPLACE OF FATHER (State or country) MANOURS 12 MAIDEN NAME OF MOTHER HARACTET A CALL	(Signed) C. & Milleanton forman, Gronon Jury aug. 20th, 1915. (Address) Land mo State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	CACLERAL S LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF RECENT RESIDENCE) Al place In the of death yrs. moe. ds State, yrs. mos. Mere was disease contracted,
(Informant) Margret & lutes	hervila Former or usual residence
15 Filed Aug, 23-, 1915 Now, a, Fac	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WALL 20 UNDERTAKER REGISTRAR PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CLAG 2/5/91.

13861

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hausewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compasitor, Architect, Locomotive For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Never return If retired from engineer, "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated heod—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as prabably such, if impossible surgical operation was undertaken. For violent deaths birth or misearriage as mus," "Old Age," "Shock," genital," "Senile," "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, "Puenperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the. genital," "Senile," etc.), "psy." "Exhaustion," "Heart failure," "Haemorrhage," "Amition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic vulvular heart discase; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whaoping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Puenperal septichaemia, "Uracmia," "Weakness," Never report mere



PLACE OF DEATH	STATE OF MARYLAND
County France Georges	CERTIFICATE OF DEATH
	Registration Dist. No. 23/
Village or City Bladensburg (No. My	St: Ward) [If death occurred in
FULL NAME Lattie Bell	Alavis a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernalo, Colored Single, Misoweo OR OIVORGEO OR OIVORGEO	16 OATE OF OEATH Lug 20, 1916 (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
april (Month) (Day) , 1 Sec	64 Aug 24
7 AGE (Month) (Day) (Ter	
5-/ yrs 4 mos 9 ds. OR min	irs.
(a) Trade, profession, or	u [] 1.1.1.
particular kind of work	Weste Repentes
business, or establishment in Which employed (or employer)	(Quration) yrs. mos. 10 ds.
9 BIRTHPLACE (State or country)	Contributory / / / / / / / / / / / / / / / / / / /
- Cladewstry Mig	(Gyration) yis pros. ds.
10 NAME OF FATHER	(Signed) Total Thusband 7200, M. O.
U II BIRTHPLACE	191 (Address) Lynninke mil.
C 12 MAIOEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDED OF HOMICIPAL.
OF MOTHER STAR ARE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place tn the of deathyrsmosds. State,yrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. State,yrsmosds. Where was disease contracted, It not at place of death?
(Informant) Famure Mavis	Former or usual residence
Blade seburg M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Causina (1)	Sladersburg Md (jug 29, 1015)
FHED 25, 1915 - M. D. Spiel	20 UNOERTAKER Sound Stadewoon
	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	mo

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as Al school or Al home. Care should be the duties of the household only (not paid Hausckeepers "Foreman," "Manager," "Dealer, mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Locomolive engineer, Civil But etc., without more E If retired from many cases, (b) Auto-

unqualified, is indefinite); Tubercidosis of lungs, meninspinal meningitis"); Diphlheria (avoid use of "Croup"); Jever Lobar Typhoid fever (never report "Typhoid causing Death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemie cerebrefor the same disease. and causation), риситота, Bronchopneumonia using always the same accepted Examples: ("Pneumonia," pneumonia"); Cerebrospinal

> on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. birth or misearriage ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless importantcough; Chronic valvular heart disease; Chronic interstitial chopneumonia Example: Measles (disease eausing death), 29 ds.; Brownephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "Old Age," "Shock," "Uracmia," "Weakness." The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercuras "PUERPERAL septichaemia," "Dropsy," carbolic State cause for which Never (Recommendations acid—probably "Exhaustion, report mere



RECORD

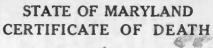
V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. DEATH in plain terms, so that it m. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

PLACE OF DEATH

If more blank



Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Damel.	ol street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
Onte of Birth (Month) (Day (Year) 7 AGE It LESS than 1 day,hrs.	that I last saw have alive on the date stated above, at I m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	aortic Registation (Duration) yrs mos ds
9 BIRTHPLACE (State or country) Prince Herry Co.	Contributory Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 The Above Is True To The Best OF MY KNOWLEDGE	At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Lost 1915 - Land & Col	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting &S.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in iudustrial employments, it is nection is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for affection ueed not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report probably Of



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Item OF

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state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT cla properly pe UNFADING 90 WITH back terms, UO plain See Instructions DEATH 10

ACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 236

[if death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. MARRIED. . 1915 WIDOWED. (Write the word) (Month) (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above at 5-30 Pm. 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory..... BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) A State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death _____ yrs. ____ mos. ___ ds. State _____ yrs. __ Where was disease contracted, 14 THE ABOVE IS if not at place of death?. Former or usual residence... PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 ADDRESS

lanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton milt; (a) Salesman, (b) it should be used only when necded. As examples: "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm taborer, Laborer-Coul statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupatious a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death—in with respect to time and enusation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated imless important. vatvutar heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as eause. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



Coun	1 PLACE OF DEATH 13865 nty Prince George go or City Brentwood (No. 2 FULL NAME Daniel Dixe	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ortificate.	X 4 COLOR OR RACE MARRIED, Married Wilsowed OR OFFICED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I last saw here a live on 191
par par		and that death occurred on the date stated above, at
E 2 whi	siness, or establishment in ich employer)	Contributory Pressure Secondary
very important. See In	10 NAME OF FATHER Blayformin Dirger 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Gullion Colemn one 13 BIRTHPLACE	(Signed) Quaguatus 7 Bladery Lung Med (Signed) Address Bladery Lung Med *State the Disease Causing Drath, or, in, deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the
OCCUPATIO	(Intermant) Chas Dix or Bred (Address) Washing glows (Address) 1815 J. C. Chlinds from REGISTRAR	at place of death yrs. mos. ds. Stete, yrs. mos. Where was disesse contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
		16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part. If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness, Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichumia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic vabrular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"



1 PLACE OF DEATH

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

If death occurred in a hospitat or institution, give its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH Month (Year) That I attended deceased from and that death occurred on the date stated above, at al. a., m. The CAUSE OF DEATH * was as follows: (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State,yrs. DATE OF BURIAL

No.

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[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furn laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death. engaged in domestic service for wages, as Screant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foremon, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cases, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Aulo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of suicide. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy,' hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenta," "Annemia" (merely symptomatic), "Atrophy." "Colchopmeumonia (seeondary), 10 ds. Never report there Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shoek," "Urarmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereur-"Dropsy," "Exhaustion," "Atrophy," ("Con-



0,0	PLACE OF DEATH 13867	STATE OF MARYLAND
SICIAN	County Prince Georges 18	CERTIFICATE OF DEATH
YSI	2. 10 00.00	Registration Dist. No. 236
Y, PHY xact sta	Village or City Mutchellville (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
CTL.	2 FULL NAME GEORGE W. Dos	1 Ey of street and number.]
EXAC slfied,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	Male bolored 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Oug. 29, 1915 Month) (Day) (Year)
hould be sta be properly certificate.	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
pro	Unknown 1	,191 , to www.ctuque.com
	(Month) (Day) (Year)	that I last saw h alive on 191
AGE s it may back of	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at //
AG it m back	about 45 yrs. mes. ds. OR min.?	Concussion of brain caused
	B OCCUPATION (a) Trado, profession, or	by blow with a rocking chair
	particular kind of work Cransu davozev	on left side of head 1 Homicide
fully suppli terms, so t structions	(b) General nature of industry business, or establishment in	(Ouration) ,yrs mos ds
fully tern stru	which employed (or employer)	(Ouration) yrs mos ds
S C E	9 BIRTHPLACE (State or country)	Secondary
Se a i	10 NAME OF	(Duration) yrs. mos. ds
0 5	FATHER RESERVED DOTSELL	(Signod) & M. Leon berger Dononer, M. o
ion should F DEATH important	C 11 BIRTHPLACE OF FATHER (State or country)	ang 30, 191 5 (Address Mutchellville
n sh DEA	H Child of Country, DOWN COVO	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
F. C.	C 12 MAIDEN NAME OF MOTHER 91 ARMOTATA	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
sE O	13 BIRTHPLACE	OR RECENT RESIDENTS)
for US Is v	(State or country) Unknown	At place in the of death yrs. mos. ds. State, yrs. mcs. ds
ZOZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
m of	(Informant) annie Dossey	Former or usual residence
Every iten should sta OCCUPA	mitalialling mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Conf	(Address) Much Manual M	Carrolls Chapel P. A. Co ang 30, 1915
m #O	Fled aug 30 1915 S.M. Lemberger	20 UNDERTAKER ADDRESS A AA
m	Local REGISTRAR	Frank Wood Mitchelling
Z	- If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver "Puerperal perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephralis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," mound



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PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory..... (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. ___ ds Where was disease contracted. If not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

materiai worked on may form part of the second duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Deaier," etc., without more precise specistatement. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canample: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nniess important. Exvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



BINDING

FOR

MARGIN RESERVED

Coun	1 PLACE OF DEATH 13869 Ity Pannee Georges 4	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 245
Villa	ge or City Hyaltsville (No.)	St.; Ward) [if death occurred a hospital or institution give its NAME instead of street and number.
500	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Day) , 191
5 DA	TE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased fr
7	(Month) (Day) , 1868	that I last saw h Dr. alive on Qual 7, 191
7 AG		and that death occurred on the date stated above, at
(a	CCUPATION 1) Trade, profession, or ricular kind of work Accounting	Caremona of broast
bu	c) General nature of industry siness, or establishment in sich employed (or employer)	(Ourafion) yrs. mos.
9 8	(State or country) Washington DO	Secondary Secondary (Buralien Pres. mos.
	10 NAME OF HEREN Hattheux	(signed) Lives Calines
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISPARSE CAUSING DEATH, or in deaths from VIOLEN CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
PAR	12 MAIDEN NAME OF MOTHER Sarah Mase	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
	13 BIRTHPLACE OF MOTHER (State or country) Ballunose Med	OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmos Where was disease contracted,
14 T	(informant) Walland It During	if not at place of death? Former or usual residence
	(Address) Hyattevelle Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL W. J. J. J. J. O. Guig 20, 191
14 T	led Oua/19, 1915	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At hame. Care should be who receive a definite salary), may be entered as Hauseprecise specification as Day laborer, Farm labarer, Labarer mabile factory. The material worked on may form part mill; (a) Salesman, (b) Grosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cottan is provided for the latter statement; it should be used cian, Compositor, Architect, Locomative engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified,

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or nomicidal, or as prabably such, if impossible state means of injury and qualify as accidental, on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenderal septichaemia," "Puenderal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the cough; Chronie valvular heart disease; Chronie interstitial to determine definitely. Examples: Accidental drowning; cause. "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumania (seeondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sareoma, etc., of rent) affection need not be stated unless important. "Old Age," "Shock," "Uracmia," "Weakness, by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound "Dropst," Never report incre "Exhaustion, 7.9



1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible genital," lapse," "Coma," on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revalver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ura mia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic mebular heart disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-Never report mere important.



TLY, PHYSICIANS	Exact statement of	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	certificate.
fully supplied. AGE s	terms, so that it may	OCCUPATION is very important. See instructions on back of certificate
ation should be care	OF DEATH in plain	y important See in
very item of inform	hould state CAUSE	CCUPATION is ver
N. B. LE	()	0

PLACE OF DEATH 13871
County Prince George County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 239

lage	or City	Laurel	.(No	St ·	Ward)	[If dea

1600 3100 San Asia 1772 - 72 - 41 - 77

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	t 28 , 1915 (Day) (Year)
Temale White Widowed Married S DATE OF BIRTH TAGE TAGE B OCCUPATION (a) Trade, profession, or particular kind of work Temale White Widowed Married August (Month) To Hereby Certify, That I attend Dec. 28 ,1914 to Aug. 2 that I last saw h eralive on Aug. 2 and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	(Day) (Year)
TAGE BOCCUPATION (a) Trade, profession, or particular kind of work The Dec. 28 1914, to Aug. 2 That I last saw h. Cralive on Aug. 2 that I last saw h. Cralive on Aug. 2 and that death occurred on the date stated The Cause of Death * was as follows:	
TAGE If LESS than 1 day, hrs. or min.? The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession, or particular kind of work Housework Carcinomotosis	28, 191.5.
(a) Irade, profession, or Housework Carcinomotosis	ed above, at pom
business, or establishment in (Duration)	
	varian cyst known yrs
Michael Riley 11 BIRTHPLACE OF FATHER (State or country) Ireland 12 MAIDEN NAME Michael Riley Aug. 29, 1915 (Address) 720 W. State the Dispasse Causing Death, or, in d Causins, state (1) Means of Injury; and (2) w Suicinal of Homicidal.	North Ave.
OF MOTHER Ann Cochlen 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF MOTHER (State or country) In the state of country) In the af death 34yrs	and the comment of th
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm. Flannery Wms disasse contracted, Usual residence (Informant) Wm. Flannery Usual residence Where was disasse contracted, Usual residence If one at place of death? Usual residence Former or Usual residence	ence.
(Address) Laurel, Md. St Manua Chunch Vand	ATE OF BURIAL
Flied Aug. 29, 195 Wm. A. Fairall 20 UNDERTAKER AD	poness urel. Md.

If more blanks an needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Carcinomatous degeneration was found - General Metostosis

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton only when needed. As examples: (a) Foreman, (b) Auto-n. (c) Salassnan. (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return If retired from "Laborer,"

Lobar pneumonia. Bronchopneumous of lungs, menin-R EA time and eausauv...,
term for the same disease. Examples.

fever (the only definite synonym is "Epidemic cerebite fever (the only definite synonym is "Epidemic cerebite");

fever (the only definite synonym is "Epidemi CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE

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resulted.

and eonsequences (e. g., scpsis, telanus) may be stated on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbalic acid-probably Struck by railway train—accident; Revolver wound at SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere to determine definitely. Examples: Accidental drawning; eause, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or misearriage as "Puenperal septichuemia, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (seeondary or intereur-"Dropsy," "Exhaustion,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUTY

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIES, WARRIES,	,	PLACE OF DEATH 13872	STATE OF MARYLAND
Village or City Interplace (No. St.; Ward) a leader occurre a hespital or institute for its NAME into of street and aumin of s	Coun	ty runce se orge	
Sex 4 COLOR OR RACE Select Sele	Villag	no the	Cld double annured to
Soate of BIRTH OAGE (Nonth) (Day) (Month) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Month) (Day) (Month) (M		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Month May Month	3 SE	WIDOWEO OR DIVORCED	(Month) (Day) (Year)
The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as foll	6 OA	may 1 1874	, 191, to, 191
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Louis Filect 11 BIRTHPLACE (State or rountry) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) ADDRESS 15 Filed Aug 23, 1815 Suncest A. Garner Contributory Secondary (Signed) Contributory Secondary Secondary Secondary Secondary Secondary (Signed) Suncest M. Garner (Signed) Suncest M. Garner State the Disease Causing Dearn, or, in deaths from Violes Causes, state (1) MEANS or Involver; and (2) whether Accidences Succeeding the profession of the p	7,AG	1 day, hrs.	and that death occurred on the date stated above, at 2507 m The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER Louis Fleet 10 NAME OF FATHER Louis Fleet 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LITTLE FORD 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed Aug 23, 1915 (Address) Morth Lacy of My Knowledge (Address) 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL Sugart 23, 1915 (Address) 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL Sugart 23, 1915 (Address) 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL Sugart 23, 1915 (Address) 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL Sugart 23, 1915 (Address) DATE OF BURIAL SUGARTH AND ADDRESS	(a par (b	Trade, profession, or Adviseworks Ticular kind of work General nature of industry siness, or establishment in	Cause, unknown (Duration) yrs. 7 mos. d
11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER 3 BIRTHPLACE OF MOTHER (State or country) 3 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed Aug 23, 1815 (Address) 181	9 BI	10 NAME OF S	(Duration) yrs. mos. d
OR RECENT RESIDENTS) At place of death	RENTS	(State or country)	Aug 23, 1915 (Address) Doruthaus and State the DISEASE CAUSING DEATH, or, in doubs from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
(Informant) Cobert Fleet (Informant) Cobert Fleet (Address) Dotting ham: Ind (Address) Dotting ham: Ind Brookschurch en August 23, 1915 Ernest H. Garner 20 UNDERTAKER. ADDRESS	PA	13 BIRTHPLACE OF MOTHER (2)	At placs In the of deathyrsmosds. State,yrsmosds
(Address) Ming ham and Brookschurch Cem August 23, 191 Filed Aug 23, 1915 Ernest H. Garner 20 INDERTAKER ADDRESS		CAR Set The +	If not at place of death?
Filed Aug 10, 1910 Diview or Sained	15	(Address) Dotting ham Ind	Brookschurch Cem August 23, 191 5
If more blacks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.	File	REGISTRAR	Dtamp Bros Tollingham, or

[Approved by U. S. Census and American Public Health Association.]

know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Cotton only when needed. As examples: (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Luborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiengineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of chopucumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere ACCIDENTAL,



Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN N. B.-Every

Coun	ty france George	CERTIFICATE OF DEATH
	\sim \sim \sim	Registration Dist. No. 243
Villa	ge or City 12000 (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	1 de Color OR RACE 5 SINGLE, MARRIED, WIDGHED Gragh	16 DATE OF DEATH BOWN AUGIONTH (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Cury 28, 1915, to Aug 28, 1915,
	(Month) (Day) (Year)	that I hast saw h attve on aug 28, 1915
7 AG	Dead Born if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
par (b	Trade, profession, or the profession of the prof	
Whi	iness, or esfablishmenf in 2000.	(Buration) yra mos ds
9 BI	RTHPLACE (State or country) Bowe mid	Contributory Secondary
S	10 NAME OF Charles & Fletcher	(Signed) faces to mos ds
EN	of Father (State or country) Bowe Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
PAR	13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	OF MOTHER (State or country) Bown Md	Al place in the of deathyrsmosds. State,yrsmosds
(Informant) Charles & Hetcler		Where was disease contracted, If not at place of death?
45	(Address) Bowierus	Home Grand Borie to Aug 59, 1915
15 File	ad ang 38, 1915 Nelson Akyon m.	Frank Fletchen Bowie End
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Puenperal peritonitis," etc. State cause for which and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia, suicide. surgical operation was undertaken. For violent deaths cause. ete., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" rent) affection need not be stated unless important. nephrans, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," cte.), (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



S. No.

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state PHYSICIANS should of OCCUPATION IS PHYSICIANS RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 S pinoda UNFADING INK-THIS properly AGE carefully supplied. pe may certificate. that It 00 10 PLAINLY, WITH pe of information should be DEATH in plain terms, a See instructions on back WRITE CAUSE OF Important.

Village or City

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work...

(b) General nature of Industr business, or establishment

which employed (or employer

9 BIRTHPLACE (State or country)

(Informant)

(Address)

3 SEX

7 AGE

PARENTS

15

1 PLACE OF DEATH STATE OF MARYLAND County

inty or 7 eo	CERTIFICATE OF DEATH
	Registration Dist. No. 233
age or City Westerned (No. 2)	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Yay (Year) 17 I HEREBY CERTIFY, That J attended deceased from
Month (Day (Year)	that I last saw hus alive on My 1 1915
If LESS than 1 day,	and that death occurred on the date stated above, at
Trade, profession, or Merchant	Hepolic Cancer
General nature of Industry, ness, or establishmeof in the employed (or employer)	(Ouration) yrs. mos. ds.
RTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
10 NAME OF James Caldsmitte	(Signed) (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME Marisk Suite	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds

Where was disease contracted. If not at place of death?

Former or usuai residence

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blank are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; applies to each aud every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," affection neces not be stated unless important. Example: Méasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras, mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT RECORD

S. No. 1. Ď. WRITE PLAINLY, WITH

-Every item of information should be CAUSE OF DEATH in plain terms, s

N.B.

Important.

1 PLACE OF DEATH

County-

13875



STATE OF MARYLAND CERTIFICATE OF DEATH

Museo his

		Registration Dist, No.
VII	lage or City (No,	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH (Month) (Day (Year)	that I last saw h & alive on A & 3 5 1910.
(a pa	Trade, profession, or ricular kind of work Deneral nature of Industry,	and that death occurred on the date stated above, at BP m, The CAUSE OF DEATH* was as follows:
wh	iness, or establishment in ich amployed (or amployer) IRTHPLACE (State or country)	Contributory Abduration yrs mos. O ds. Secondary (Duration) / yrs mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
15 Fil	ed ang 26th, 191 Heering B. Conte	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS

If more blanks are n peded, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cated thus: CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlou tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **STyphoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

	13876	1		
PLACE OF DE	ATH O	1	STATE OF MA	RYLAND
1 Huse	as Tuester	1	CERTIFICATE O	OF DEATH
County		The state of the s	/.	7 3.5
an an	21 40000 11	11	Registration D	ist. No.
Village or City	(No.		St.;Ward)	[If death occurred in a hospital or institution,
	(-/	62		give Its NAME Instead
² FULL NAM	AE ALLICE Y	000	eecc.	of street and number.]
PERSONAL AT	NO STATISTICAL PARTICULARS	s	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLO	HORRACE SINGLE,	-0	16 DATE OF DEATH	2.7 1014.
Thereal Por	OR DIVORCED	Te	(Month)	(Day) (Year)
Garage	(Write the word)		17 I HEREBY CERTIFY, That I at	ttended deceased from
6 DATE OF BIRTH	III Keren 1711	.001.	Meg 53, 1916, to M	1910,
	(Month) (Day)	(Year)	that I last saw h Nalive on le	ug 26, 1915;
7 AGE			and that death occurred on the date s	tated above, at 4 m.
28		ay, hrs. min. ?	The CAUSE OF DEATH & was as follo	ws:
8 OCCUPATION	n //		(1)	January
(a) Trade, profession, or particular kind of work	Houseway	(c)	access with	prules
(b) General nature of indust	ry		the lo perferation of t	rwal.
business, or establishment which employed (or employe	in r)		(Duration)	yrs, mos, 5 ds.
9 BIRTHPLACE	<i>A</i> 1		Contributory NA	
(State or country)	nid		Duration)	man 5- da
10 NAME OF	7.0.6		latter of Single	colley M.O.
4	olin Weele		(Signed)	ve s Le Solo U. A
	Mid.	4	State the Disease Causing Death, or	r, in deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME	o / Cu		Cayers, state (1) Means of Injury; and Sciendal or Homerbal	(2) whether Accidental,
OF MOTHER	wekeiowr	N	18 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	h. 1.		OR RECENT RESIDENTS) At place In the	
OF MOTHER (State or country			of deathyrsmos,ds. State Where was disease contracted,	e,yrsmos ds.
14 THE ABOVE IS TRUE	TO THE BEST OF MY KNOWLEDGE		if not at place of doeth?	
(tnformant) Stl	wither		Former or usuel residence:	
1 // 4	ny Ani Do	2411	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	V LYUCELL		donbones Construction Formation	chig 29, 1915
15	- Samuel & line	. (20 UNDERTAKER	ADDRESS
Filed 111, 1	91 REG	ISTRAR	South dram & trans	Wher marlhoro Md
T	more thanks are usulad address State	Registrar 16	6 W Seretoge St Betto Requesting V. S. No.	1.//

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, write None. taken to report specifically the occupations of persons business or industry, and therefore an additional line engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever Never return "Laborer," Locomotive engineer, (b) Auto-(11.11)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal neningitis"); Diphilheria (avoid use of "Croup"); Typhoid fryer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, letanus) may be stated to determine definitely. Examples: Accidental drawning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Pterperal septicharmia, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Colchopueumonia (secondary), 10 ds. Never report mere nephrilis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping suicide. head-homicide; Poisoned Struck by railway train-accident; Revolver wound of "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion,"



lans	County Prace George	STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, PHYSICIAI sified, Exact statement	Village or City Lauf (No. No. 1999)	Registration Dist. No. 2.3.5 Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
ified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	JUST 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
should be sta by be properly of certificate.	(Month) (Day) (Year)	that I last saw halive on, 191, and that death occurred on the date stated above, at
ed. AGE hat it me on back	BOCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH * was as follows:
refully su n terms, instruction	(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Robbing Contributory Robbins of Contribut
ion should be car F DEATH in plai important. See	10 NAME OF FATHER CABLLES GREEN 11 BIRTHPLACE OF FATHER (State of country) 12 Country)	(Signed)
format JSE O s very	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLECGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
Every item of instance of should state CAN	(Andress) Casub Strings	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER A ADDRESS 20 UNDERTAKER A ADDRESS
S. S.	Filed OUI 1916 REGISTRAR	SENT AMOS AVERAGE ST. Polto Requesting V S 20 1

[Approved by U. S. Census and American Public Realth Association.]

write None state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Former (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Doy luborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mabile factory. mill; (a) Solesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Anto-Tini)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever* (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as birth or miscarriage as "Puempenal septichamia," head-homicide; SUICIDAL, or HOMICINAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puenpenal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or chopheumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial cause. Example: Measles (disease causing death), 29 ds.; nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of rent) affection med not be stated unless important. by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," terminal conditions, such as "Asthenia, The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Debility" ("Con-"Exhaustion," ACCIDENTAL, to punon



Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

	19070	We are the
	1 PLACE OF DEATH	STATE OF MARYLAND
	P- in the se	
Coun	ty Court Conf	CERTIFICATE OF DEATH
	fig. no.	Registration Dist. No. 230
Villad	ge or City (No.	St.: Ward) [If death occurred in
5. 5		a hospital or institution,
	2 FULL NAME Lucia Vi	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR MACE 5 SINGLE.	16 DATE OF DEATH
Az	WIDOWED OR DIVORCED	(Month) (Day) (Year)
10	Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	, 191, to
	10.187/	
7	(Month) (Day) (Year)	that I last saw h alive on, 191,
7 AG	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
	34 yrs	The CAUSE OF DEATH & was as follows:
8 00	CCUPATION	go o ogo i wallendone
(a	Trade, profession, or	Sollow Wor Will Liguing
1	General nature of Industry	11/12 Cle Delle Alle
business, or establishment in		Question) / yrs. mos. ds.
-	ch employed (or employer)	Contributory
91	RTHPLACE (State or country)	Secondary
	10 110 110 110 110 110 110 110 110 110	(Ouration) yrs. mos. ds.
	10 NAME OF FATHER	(Signed) Stube & ausling Hall M. O.
U)	11	aug 15, 191 5 (Address) forestorale ma
Z	of FATHER OLING	A State the Dispase Carsing Death or in deaths from Violent
RENT	(State of country) 12 MAIDEN NAME 12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental,
PA	OF MOTHER MANAGER (10)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place in the of deelhyrsmosds. Slala,yrsmosds.
(Informant) COLENT A. CHICCO		Where was disaese contracted,
		If not all place of death?
		usual rasidence
tors torollo mid		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Strugger of South St		H Somale Cley 6 1915
		20 UNDERTAKER ADDRESS
File	d WW 1910 REGISTRAR	The A many Quanti
		Jon 11 may cucama
	If more blanks are recided, address State Registrar, I	to W. Saratoga St., Balto., Requesting V. S. No. I.



[Approved by U. S. Census and American Public Health Association.]

Housemuid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc. without more precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Crocery: (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question mobile factory. business or industry, and know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part therefore an additional line Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitie," etc. State cause for which birth or miscarriage as "Puenperal septicharmia," mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Coldapse," "Coma," "Convulsions," "Debility" ("Cousymptoms or terminal conditions, such as "Asthonias" suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned state means of infinity and qualify as accidental, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles: Whooping Always qualify all diseases resulting from child-The contributory (secondary or interemby carbolic acid-probably "Dropsy," Never report incite "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 240

	St.;Ward)
Ere wheth	Zee

[It death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) MONTH) (Month) (Day (Year) AGE (Month) (Day (Year) TAGE SOCCUPATION (a) Trade, profession, or particular kind of wark. (b) General nature of industry, business, or establishment in which amployed (or amployer)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Minth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191.2, to 191.6 that I last saw has alive on the date stated above, at 191.5 and that death occurred on the date stated above, at 180 m The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) MO 10 NAME OF FATHER S. Hull 11 BIRTHPLACE OF FATHER M. C.	Contributory Secondary (Duration) yrs mos ds (Signed) A C S M. D (Address) Breakfurin
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Address) Chellenham 16 Filted Lug. 9th Julius N. Smith Registrary	USUAL TOSIGENCE 19 BLACE OF BURIAL OR REMOVAL Talberts Centery Jug The 1912 20 UNDEBTAKER ADDRESS Tran, O E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Assoclation.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (secondary or intercurrent) "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915
BURREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

 Si	t.;	.Ws	rd)	
 -			41 64)	

Ilt death occurred in

2FULL NAME Mary Ellen	St.; Ward) a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year) 17 HEREBY GERTIFY, That I attended deceased from
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
⁷ AGE If LESS than	and that death occurred on the date stated above, atm,
yrs	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.	Chaler my and in
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Rome George 10 NAME OF ON A	Gontributory Secondary (Duration) yrs mos ds.
FATHER Charles & Hall	(Signed) JANN MUNUS CON H. D.
11 BIRTHPLACE OF FATHER (State or country) Amel Lev Cy 12 Maiden Name OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Rener Geor Coy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds
(Informanty Charles & Hall	Where was disease contracted, It not at place of death? Former or usual residence
Aggiress) Buil mot	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL and 20 1915
Fled aug 19 191 Alson Alyon Ind	Lickand Hartin Force End.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—state affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronie interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mallgoma, Sareoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



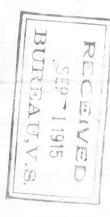
	PLAGE OF DEATH 13881	hand middle file	STATE OF MARY	LAND
Co	ounty Time Glorge	3	CERTIFICATE OF	DEATH
-	WIII y Supplied to the land of	1201	Registration Dist.	No 236 .
	D:+10:11	\ /	Megistration Dist,	,
Vil	liage or City/Mchilliville (No,	0,	St.;Ward)	[If death occurred in a hospital or institution, give its NAME lostead
	FULL NAME Samuel Enggnie	Vamil	tou	of street and comber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
35	vale 4 COLOR OR RACE 5 SINGLE, MARRIED, Married ORDIVORCED (Write the word)	18 DATE OF DEA	(Month)	(Day (Year)
6 D	ATE OF BIRTH Saniary 25 1.5.46	June 23	HEREBY CERTIFY, That I a	226 ,1915.
7 A	GE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death oc	curred on the date stated at DEATH* was as follows:	2
(8	CCUPATION) Trade, profession, or Faming riticular kind of work	Chrome	2 Mepleration	
bus	Oeneral nature of Industry, Siness, or establishment in Ich employed (or employer)		(Ouration)	.yrsds.
98	(State or country) Mulland	Contributory_ Secondary	(Parent)	***************************************
	10 NAME OF Samuel to Framilton	(Signed) Phace	lane Cours	
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland		912 (Address) Mest & SEASE CAUSING DEATH, OF, in	deaths from Violent
PAR	of Mother XEL 2 a let le sum	118 LENGTH OF R	SEASE CAUSING DEATH, or, it 1) MEANS OF INJURY; and IT HOMICIDAL. ESIDENCE (FOR HOSPITALS, IN	
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death 22 yrs.	mos. ds. State 45	
	(Informant) Edgar Ture Samulton	Where was disease co if not at place of deat Former or osual residence	ntracted, Brock St.	an la-pul.
15	(Address) Inteleballe Md.	PLACE OF BU	flat or REMOVAL Farm Cu Theor Michelly 14	PATE OF BURIAL
Fil	If more blacks are needed, address State Register	Frank.	Wood 3	uto belieble The
	and and an analysis of the state stegis	at, o E. Franklin	ol., Dairo., Requesting V. S. N	0. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

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PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

AGE should be

carefully supplied.

DEATH in piain terms, so that it man See instructions on back of certificate.

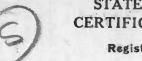
Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

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RECORD

PERMANENT stated EXACTLY. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

DATE OF BURIAL

ADDRESS

	FULL NAME	
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
351	COLOR OR RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month
6 D	ATE OF BIRTH Aug 12, 1915 (Month) (Day (Year)	that I last saw h alive on
TAG		and that death occurred on the date The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION) Trade, profession, or ricular kind of work	(Ourati
	IRTHPLACE (State or country) Was Co Und	Contributory Secondary
NTS	11 BIRTHPLACE OF FATHER (State of country)	(Signed) (Duyanda) (Signed) (Address) (Address) (Address)
PARENT	12 MAIDEN NAME OF MOTHER OLE CAULT 13 BIRTHPLACE OF MOTHER (State or country) DO CO.	*State the DISEASE CAUSING DO CAUSES, State (1) MEANS OF INJU TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS) At place
	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	of death yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL
16	Ang 13 195 NEwsth	Lefte Marlow Su 20 UNDERTAKER /

MEDICAL C	ERTIFICATE OF DE	ATH
16 DATE OF DEATH	Company (D)	, 191 av (Year)
17 I HEREBY C	CERTIFY, That I atter	
	, to	, 191
that I last saw h alive	s on	, 191
and that death occurred on The CAUSE OF DEATH* w		e, atn
Contributory Secondary	(Duration) yrs	
	A. (Duration)yrs	dsds
(Signed)	Frift	M. T
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIE	SING DECTH, or, In d	caths from Violen whether Acciden
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs mos Where was disease contracted,	In the	4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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		Coun	ry Syrie Lav
	PHYSICIAN statement	Villag	
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63	XAC fied		PERSONAL AND STATISTICAL PARTICULARS
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ANE	be sta perly cate.	to	rune White (Write the word)
PERMANENT	pro	6 DA	TE OF BIRTH
A	shour be of ce	7 AG	(Month) (Day)
IS IS	AGE it may back o		76 yrs. 2 mos. 6 ds. or.
G INK-THIS	supplied.	par (b	CCUPATION) Trade, profession, or fleular kind of work) General nature of industry siness, or establishment in
UNFADING	5 5 5		RTHPLACE (State or country)
PLAINLY, WITH UN	d be in p		10 NAME OF FATHER Joseph Cross
	EATH portant	ENTS	11 BIRTHPLACE OF FATHER (State or country)
	information : AUSE OF DE	PARE	12 MAIDEN NAME Shawelt Handin
			13 BIRTHPLACE OF MOTHER (State or country) Md
WRITE	000	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	Every item o should state OCCUPATIO		(Address) fauce Ind
	Should OCCUI	15	Aug 30- 5 Wm. R. Fairal
	m	File	1919

If mor

1 PLACE OF DEATH

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If LESS II

1 day, __h or min

are needed, address State Regist

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.
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.....Ward)St.;....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDIC	CAL CERTIFICATE OF DEATH
16 DATE OF DEATH	aug 30 , 191 (Month) (Day) (Yes
17 I HEREBY	CERTIFY, That I attended deceased fr
Clerg 30	1915, to aug 30 ,191
that I last saw	alive on, 191
and that death occ	urred on the date stated above, at 94
	ATH * was as follows:
······	whor heart disease
sufor	judiced by acus
	7
***************************************	(Duration) yrs. mos. /
Contributory	
***************************************	(Durellon) yrs. mos.
(Signed)	OT Caylor
aug 31 , 181	5 (Address) Taurel med
*State the Dis	EASE CAUSING DEATH, or, in deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENTAL
*State the DISI CAUSES, state (1) : SUICIDAL OF HOMICE	EASE CAUSING DEATH, or, in deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENTAL
*State the DISI CAUSES, state (1) : SUICIDAL OF HOMICH 18 LENGTH OF RESID OR RECENT RESIDEN	ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
*State the DISI CAUSES, state (1) * SUICIDAL OF HOMICE 18 LENGTH OF RESID OR RECENT RESIDEN At place of deathyrs. Where was disease contract	ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE NTS) In the mosds, Slata,yrs
*State the Distance (1) *Suicidal or Homicial Causes, state (1) *Suicidal or Homicial Cause (18 Length of Recent Resident At place of death	ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE NTS) In the mosds, Slata,yrs
*State the DISICAUSES, state (1) SUICIDAL OF HOMICE 18 LENGTH OF RESID OR RECENT RESIDEN At place of deathyrs. Where was disease contract if not at place of death? Former or	(ADDRESS) CAUGESS) MEANS OF INJURY; and (2) whether ACCIDENTAL DAL. ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) In the mos
*State the DISICAUSES, state (1) *SUICIDAL OF HOMICI 18 LENGTH OF RESID OR RECENT RESIDEN At place of deathyrs. Where was disease contract if not at place of death? Former or usual residence	ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE (TS) In the mosds. Siala,yrsmos
*State the DISICAUSES, state (1) *SUICIDAL OF HOMICI 18 LENGTH OF RESID OR RECENT RESIDEN At place of deathyrs. Where was disease contract if not at place of death? Former or usual residence	ENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE UTS) In the mosds. Slate,yrsmos



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Solesman, (b) Grocery: (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart diseose; Chronic interstilial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association.) head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drawning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cause. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or interemg., sepsis, telanus) may be stated "PUERPERAL septichaemia, "Dropsy," "Exhaustion,



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

S	t.;Ward)

(if death occurred in a hospital or Institution. give its NAME Instead of streef and number. I

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Month) (Day (Year) TAGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL 16

(Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, a

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

State _____ yrs. ____ mos.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blacks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S./No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viochildbirth or inlsearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," Bronchopneumonia dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary), 10 ds. "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," "PUERPERAL septichac-Never report



N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 3885 County / L



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;....Ward)

[If death occurred in a hospital or institution,

OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) OCCUPATION (a) Trade, profession, or particular kind of work. Contributory Secondary Contributory Secondary Signed OCCUPATION (a) Trade, profession, or particular kind of work. Contributory Secondary Secondary Signed OCCUPATION (a) Trade, profession, or particular kind of work. Contributory Secondary Secondary Signed OCCUPATION (a) Trade, profession, or particular kind of work. Contributory Secondary Secondary Signed OCCUPATION (Buration) Signed OCCUPATION (Buration) Signed Signed OCCUPATION (Buration) Signed OCCUPATION (Buration) Signed Signed OCCUPATION (Buration) Signed Signed OCCUPATION (Buration) Signed Signed Signed Signed Signed Signed OCCUPATION Signed	FULL NAME Denjamu a d	give its NAME instead of street and number.]
MARIE Calaud (Month) (May (Year) B DATE OF BIRTH Month) (Day (Year) Month) (Day (Year) If LESS than 1 day, hrs. OR min.? B OCCUPATION (a) ITAGE, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) B IRTHPLACE (State or country) B IRTHPLACE (State or country) MARIE OF FATHER (State or country) MARIE OF FATHER (State or country) MARIE OF MAILER (State or country) MARIE OF FATHER (State or country) MARIE OF MOTHER (MOTHER) (MOTHER OR COUNTRY) MARIE OF MOTHER (MOTHER OR COUNTRY) MARIE OF MOTH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Month Month	male C. I MARRIED, WIDWED, Sungly	(Month) (Day (Year)
and that death occurred on the date stated above, at the day,hrs. orhrs.	Gul 7 19N	July 18, 1965, to fely 18, 1955.
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER	f day,hrs.	
Secondary Contributory Second	(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Buration) yrs. mos. ds.
(Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed)	9 BIRTHPLACE	Secondary
	of 11 PIRTHEIRCE	(Signed) (Signed), M. D. (Address) (Address) (Signed) (Signed), M. D. (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER OF MOTHER At place In the	13 BIRTHPLACE OF MOTHER	13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Intermant)	10 Prince of Mil KNOWEEDGE	Where was disease contracted, If not at place of death?
15 Filed Aug. 7, 191.5 Gra James Dengamender Brandgum If more banks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed aug. 7, 1915 Eya Garrier Behatydaghegistran	Gibbons Chapellen aug. 8, 1915 20 UNDERTAKER Brandpoine

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutests of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., Accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL poritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nnless important. valvular heart disease; Chronic interstilial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tnmor" for mally The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-



V. S. No. 1.

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County Prince George Village or City Brendsond (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 248 [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME John Sins	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien, Midowed on Divorces	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) 2 (Day) , 18 44	17 I HEREBY CERTIFY, That I attended deceased from Mue 8 ,1915, to any 24 ,1915, that I last saw h alive on any 24 ,1915,
7 AGE 7 4 yrs. 2 mos. 3 ds. or min.? 6 occupation (a) Trade, profession, or particular kind of work Returned	and that death occurred on the date stated above, at 9.2.m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER Marker Link 11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Krehs	(Signed) Just (Address) Tollarll M. a. (Signed) (Address) Tollarll M. a. (State the Disease Causing Draft, or, in deaths from Violent Clyses, state (1) Means of Injun; and (2) whether Accidental, Surgidal or Homicidal.
of Mother Refs 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 Charles Contains (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A! place in the of death yrs. mos. ds. State, yrs. mos. ds. Where was disesse contracted, If not at place of death? Former or usual residence
15 Filed aug 25, 1915 f. Cohlandorfuns.	Deashing for LOC. aug. 26. 1915 20 UNDERTAKER ADDRESS Block of BURIAL ADDRESS

ceded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Hame, and children, not gainfully the duties of the household only (not paid Housekeepers — ('oal mine, etc. Women at home, who are engaged in business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesmon, (b) Crosery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory-fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of tungs, menin-unqualified, is indefinite); Tubercubosis of tungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUBRICAL peritonilis," etc. State cause for which surgical operation was undertaken. For violent deaths Struck by railway train—accident; Revolver wound at state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichumia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenfa," nephritis, etc. "Tumor" for malignant neoplasms); Measles: Whooping etc., when a definite disease can be ascertained as the "Anaemia" chopneumonio Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important cough: Chronic rubular heart discose; Chronic interstitual (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sorcoma, etc., of "Old Age," "Shock," "Traemia," "Weakness, "Coma," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercuretc.), 4., sepsis, letonus) may be stated "Dropsy," "Exhaustion," Never report mere ("Con-"Col-Bron-



PLACE OF DEATH County Prince George Village or City Brendunovd (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 248 St.; Ward) [if death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: 4 COLOR OR RACE MARRIED, MUSTRULG Terral While (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
Jan 26 (Day) 1844	that I last saw h r alive on and f 194,
7 AGE 75 yrs. 6 mos. 24 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Generat nature of houstry business, or establishment in which employed (or employer)	(Durstlon) yrs. / mos. ds.
9 BIRTH PLACE (State or country) Jessmand	Secondary (Buration) / rs. mos. ds.
of 11 BIRTHPLACE Charles Berger	(Signed) Those fatmer, M. C. Oug 19, 1911 (Address) Trollell
DE TATHER (State or country) Segmany 12 MAIDEN NAME OF MOTHER OF MOTHER	CATESTS, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place in the of deethyre,mosds. State,yrsmosds. Where wes disease contracted,
(Informant) Slav Gisto	If not at place of death? Former or usust residence
(Address) Bresslov of Meg. 15 Fled ang 30, 1915 f. C. Ohlenderf M. D., REGISTRAR	Place of Burial or REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS Ly Gasch's Down of Cadeny burg
If more blank are seeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-Housemaid, know (a) the kind of work and also (b) the nature of the engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, mpositor, Architect, Loca Stationary fireman, etc. etc. If the occupation has been changed Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent peaties "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puenperal supticharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness" genital," "Senile," etc.), "Dropsy," "Exhaustion" "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of rent) affection need not be stated unless "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which (Recommendations Never report mere important.



No. 1.

V. S.

Village or City Deabrook (No. 2 CE	STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No 23 [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS MET	DICAL CERTIFICATE OF DEATH
Figurale while Single, Married, Fidouses of Date of Death Widows, Fidouses of Date of Birth 6 Date of Birth (Month) (Day (Year) 7 Age If LESS than fax here	(Month) (Day (Year) REBY GERAIFY That l'attended deceased from 1914, to 1914.
(State or country) Notate or country) 10 NAME OF FATHER Serif. Rollins (Signed) (Signed) 11. BIRTHPLACE OF FATHER (State or country) What is a secondary in the secondary	IDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, INSTITUTI

If more blanks are needed, ddress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of



V. S. No. 1.

N. B.-

PHYSICIANS t statement of

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ty Prince Georgia	CERTIFICATE OF DEATH
		Registration Dist. No. 245
Villag	ge or City Bruling (No. , A	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Still visite	give its NAME instead of street and number.]
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ju	TE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 OATE OF OEATH Anglo,, 1915 (Mond) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from anglo, 1915, to anglo, 1915,
4	(Month) (Day) (Year)	that I last saw hu alive on aug 10 ,1915
AG	if LESS than 1 day, hrs.	and that death occurred on the date stated above, at 7,30 m. The CAUSE OF DEATH * was as follows:
(b)	CCUPATION) Trade, profession, or ricular kind of work) General nature of Industry siness, or establishment in ich employed (or employer)	deud in alero as least of days (Erres geney case) (Oursilon) yrs. mos. ds.
	IRTHPLACE (State or country) many Canal	Contributory Secondary (Quration) yrs. mos. ds.
S	10 NAME OF BUSH W. Murking	(Signed) f. C. Ollendorf M. O. Ang 10, 1915 (Address) Ind Ramier Ind.
ENTS	of FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	12 MAIOEN NAME Porth. Dempsy	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
C.	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds.
14 T	(informant) V. Rinth mustward	Where was disease contracted, if not at place of death? Former or usual residence
	(Address) Brendwood Ind.	19 PLACE OF BURIAL OR HEMOVAL OATE OF BURIAL Rlade as four 9 M / aug 10, 1915
1S	and and 10 1915 J. C. Ohlordofund.	20 UNOERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be mill; (a) Salesman, (b) Grocery; (a) Forcman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Lacomotive engineer, Civil For many occupations a single word or term on the "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The question (b) Ando-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetonus) may be stated to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shock," "Uracinia," "Weakness," MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as The nature of the injury, as fracture of skull, railway train-occident; Revolver wound of Examples: Accidental drowning; "Puerperal septichaemia," State cause for which Never (Recommendations "Exhaustion," report mere



No. 1. σi

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Every Item of Information should CAUSE OF DEATH in plain terms

County.

If more blanks are need d,



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.;Ward)	
•		

Tif death occurred in

VIII	2FULL NAME Mura	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Vale Caland (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH Month 13 19 1 1 1 1 1 1 1 1	that I last saw h alive on 191
pa (b) bus	if LESS than 1 day,hrs. OCCUPATION 1) Trade, profession, or urticular kind of work. O General nature of Industry, siness, or establishment in olich employed (or employer)	mid that death occurred on the date stated above, at /
	10 NAME OF FATHER Chas 9 Marshale 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY)	Contributory Secondary (Signed) (Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Calses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	of Mother 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) January Ja	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	let aug 3, 1915 - George Stolling	M Carmel Cem, Marlova Ang 12, 1913.

address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphlheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, perilonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congeuital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marastheuia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing (Recommendations on statement of etc. State cause for death), 29 ds.; For vio-



S. No. 1.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properly supplied. UNFADING may certificate. 0 terms, LO plain Instructions Information _ DEATH See 50 Item OF mportant. Every It

state very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 If death occurred is Ward) a hospital or Institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RAGE MARRIED. WIDOWED, Month) (I)av ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) (Day TAGE if LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State _____ yrs. ____ mos. Where was disease contracted. TRUE TO If not at place of death?. Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, andress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

luce

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

-Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

N. B.

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RECORD

S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

			236
Registration	Dist.	No	of vo

Ilf death occurred in

Vil	2FULL NAME Lassan D. Mrs.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emal White State (Wirte the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
8 D	ATE OF BIRTH Office (Day (Year)	fruly 2 4 , 1914 to lang 16 - 1914 . that I last saw h Liz alive on Dang 16 - 1914 -
TA	GE If LESS than	and that desth occurred on the date stated shove, st. 11-412 - a.m.,
	5 mos 26 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION 1) Trade, profession, or fractional kind of work fractional kind of	While Dozsinkin
	slness, or establishmeot in nich employed (or employer)	(Duration) yrs mos 21 ds.
9 B	(State or country) Paranceine	Secondary (Bureller)
	10 NAME OF FATHER JOSEL Mielana	(Signed) A M Dany (, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME OF MOTHER Cause 3 Mielan	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country) Annangement	At place of death yrs mos ds. State yrs mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Joseph Miessen	Former or usual residence
	(Address) mitabiliaile most	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fl	10d aug 17th, 191 5 S.M. Leouberger	20 UNDERTAKER ADDRESS
	Local BEGISTRAR	Illi Kadina y ront colling lan
	in more manks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of ill-For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the Disease Causing Reath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

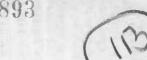
affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably The contributory (secondary or intercurrent)



S. No. 1.

N. B.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .: ...Ward) [It death occurred is a hospital or institution,

²FULL NAME	Robt. C. T.	laylon	give its NAME instead of street and nomber.]
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male White	AGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH	3 ,1915 (Day (Year)
6 DATE OF BIRTH	16,1848	that I last saw h a salive on	
7 AGE	(Day (Year)	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	sd above, at 3-4 18m.
e OCCUPATION (e) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	anu	Couration)	
9 BIRTHPLACE (State or country)	ml	Contributory Secondary (Duration)	yrs 2 mos ds.
OF FATHER 11 BIRTHPLACE OF FATHER (State or country) / 8 12 MAIDEN NAME OF MOTHER	ian May los	(Signed)	Lace mid
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE (Intormant)	BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At piece in the of death yrs, mos, ds. State Where was disease contracted, it not at piece of death? Former or usual residence.	
(Address) Agel 16 Filed Aug Hth, 1315-I	lessing Barile	19 PLACE OF BURIAL OR REMOVAL Balan MA 20 UNDERTAKER A. J. Service	ADDRESS ADDRESS
If more blan	iks are needed, Address State Regis	trar, 6 E. Franklin St., Balto., Requesting V.	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gaiufully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have uo occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as which snrgieal operation was undertaken. mia," "Puerreral peritonitis," etc. State canse for ctc., when a defluite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmcumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. UNFADING INK-THIS IS A See Instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important.

15

13894 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No.
Village or City No. (No.)	St.; Ward) St.; Ward) Figure 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married, Widowed, ORDIVORCED Congle (Write the word)	16 DATE OF DEATH Oug 9, 1915 (Month) (Day (Year)
6 DATE OF BIRTH	that I last saw han allye on Called Saw han all hand han allye on Called Saw han all hand hand hand hand hand hand hand hand
7 AGE (Month) (Day Year) 1 If LESS than 1 day,	and that death occurred on the date stated above, at 12.30 Q m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Enlerdis acute
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER PARTIES 11 BIRTHPLACE OF FATHER 2 DAY	(Signed) (Duration) yrs mcs ds. (Signed) (M. T. Chors, M. D. (Address) Crru mid
OF FATHER (State or country) 12 MAIDEN NAME NETTEL & Kullinell 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at placs of death? Former or usual residence

REGISTRAR

(Address).....

20 UNDERTAKER

DATE OF BURIAL ADDRESS

If more blan's are needed, address State Registrar, 6 E. Franklin \$t., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Luborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuenperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medleal Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent) State cause for For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. fit death occurred in Ward) a hospital or institution. give its NAME instead of street and number. ? ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 18 DATE OF 4 COLOR OR RACE MARRIED MIDOMED (Write the word) (Day) be properly certificate. That I attended deceased from 6 DATE OF BIRTH (Year) (Day 7 AGE It LESS than jo and that death occurred on the date stated above. 1 day, hrs. back OR-min.? 8 OCCUPATION 6 (a) Trade, profession, or 000 particular kind of work (b) General nature of industry struct business, or establishment in which employed (or employer (State or country) Secondary See 10 NAME OF FATHER (Signed) rtant 11 BIRTHPLACE L (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Ш SUICIDAL OF HOMICIOAL Œ MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 B'RTHPLACE At place in the OF MOTHER (State or country) 07 of deathyrs.mee. ... Stale. should state CAI Where wee disease contracted, 14 THE ABOVE If not at place of death?... usuat reeldence DATE OF BURIAL BURIAL OR REMOVAL 18 20 UNDERTA REGISTRAR If more blacks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

1915

(Year)

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekcepers only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the misease causing death, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farner or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housemaid, etc. business or industry, and therefore an additional line -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from The question without more

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accinental, surgical operation was undertaken. For violent neaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia"; chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from childrent) affection need not be stated unless important. The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver Never report mere "Exhaustion," mound



County Succe Seo 39	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 44
Village or City Mellicood (No. ///	St.; Ward) State Carelon [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE If LESS that 1 day,hrs ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Sappred to Te Subrace Succe Civilia (Ouration) yrs mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 WA JOEN NAME OF MOTHER OF MOTHER 12 MAI DEN NAME OF MOTHER	Contributory (Quralion) yrs. most ode. (Signed) (Address Methods from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
OF MOTHER Grace Newman 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15 Flied any 23, 1915 Groy Stocking REDISTRAR	Place of Burial OR REMOVAL DATE OF BURIAL LIMING MARCHAN CON GULG & S., 1915 20 UNDERTAKER ADDRESS LOTT Country Manually
If more blanks are needed, address State Registran	r, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired engaged in domestic service for wages, as Servant, Cook, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stotionary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. especially in industrial employments, it is necessary to tion is very important, so that the relative healthful--('out mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only-definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"); Lobor pneumonia, indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic ocid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or misearringe as "Puerperal septichuemia," ete, when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," state MEANS OF INJURY and qualify as ACCIDENTAL, "PUBLIPERAL perilonitis," etc. State cause for which cause. "Heart failure," "Hacmorrhage," "Inanition." "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility": Example: Measles (disease eausing death), 29 ds.; Brourent) affection need not be stated unless important: cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; ges, peritonoeum, etc., Corcinomo, Sarcoma, etc., of. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," The contributory (secondary or intercur-"Cancer" is less definite; avoid use of "Atrophy," "Exhaustion," ("Con-



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	RECORD	PHYSICIANS of OCCUPAT
No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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3 SEX

TAGE

PARENTS

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work.... b) General nature of Industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO

(Address)

PLACE OF DEATH 138	97 STATE CERTIFIC
County W. Tronger	(Nb) Regist
Village or City Cadanall	(No
	x2 , -

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

OF MARYLAND CATE OF DEATH

ration Dist. No. 2140

[if death occurred inWard) a hospital or institution, give its NAME Instead

of street and nomber.]

er book 2FULL NAME

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Ang 25, 1915 (Month) (Day (Year)		
Jan 6 , 1994 (Month) (Day (Year)	17 I hereby certify, That I attended deceased from 45622, 1913, to 191, that I last saw h 2 alive on 76622 ,1915		
6. yrs. 7 mos 9 ds. 1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 75.7 m, The CAUSE OF DEATH* was as follows:		
Houngish	Phlinonary Vuber entosis		
istry, nt In yer)	Contributory (Duration) yrs / D mas. ds.		
ma	Secondary (Duration) yrs mos ds.		
intry) Mo	(Signed) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
Sorah (Procher intry) Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mosds Where was disease contracted,		
Jens Poselos Jedanulle Md	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL		
the Julies N. Smith. Local REGISTRAR	St. Peters R. C. Cemetery Aug 27 th 1915		
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons statement. material worked on may form part of the second CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the misease (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISTARSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **STyphoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asiffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scalle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7-1915
BUREAU, V.S.

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county Prince Floringe.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.3.
2 FULL NAME TO Allicana In	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male black Single, MARRIED, WIOOWEO OR DIVORCEO (Write the word)	16 DATE OF OEATH (Moyth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1 9 15	that I last saw h m alive on august 1 , 191 5,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at F. Q. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry	Coleranjantun
business, or establishment in which employed (or employer)	(Duration)mosds.
BIRTHPLACE (State or country) Springfuld Md;	Contributory Secondary (Dugalion) yrs mos ds.
O 11 NAME OF LUND Druin	(signed) J. E. Sansbury, M. O.
In BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER	*SAtte the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidely, or Homicidal.
of MOTHER Mand & He aways	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death
(Informant) Lucis Quess	Former or usual residence
(Address) Springfuld Md	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Filed My 19 191 Pull Per REGISTRAR	20 UNDERTAKED LADORESS & HIS Made
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired the duties of the household only (not paid Housekeepers write None or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-aerident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. eough; Chronie valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or miscarriage as "Puenpenal septichaemia, Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or interenr-Never report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state.

* DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

N.B.—Every Item o CAUSE OF I

County Prince Seo 2. 11 11:11



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 236

Village or City Mulenelwille (No	Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME William & Savoy	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CER	RTIFICATE OF DEATH
Male bolored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	(Month) (Day (Year)
	RTIFY, That I attended deceased from
Mout 12, 1915 (Month) (Day (Year) that I last saw h alive of	to ling // - , 191.7,
7 AGE If LESS than and that death occurred on th	e date stated above at
1 day,hrs. The CAUSE OF DEATH* was	
BOCCUPATION S. OS. OR MIN.? Contino	Collilis
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrswos/ &ds.
State or country) Prince Secondary Secondary	(Duraflon) yrs mos ds
10 NAME OF HM J. Savoy (Signed) A. M. DA	(Ouraflon) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Prince Seo, Loo, Md. *State the Disease Causing Causes, state (1) Means of TAL, Suicidal, or Homicidal	NG DEATH, or, in deaths from VIOLENT F INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER SEORGIE Jackson TAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (F OR RECENT RESIDENCE)	OR HOSPITALS, INSTITUTIONS, TRANSIENTS,
of Mother (State or country) Prince Seo loo Md of death yrs. mos.	in the ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Shephard Where was disease contracted, If not at place of death? Former or	
(Address) Mitchellville 139 PLACE OF BURIAL OR RE	1 1
Flied Aug // 1915 S.M. Leonberger 20 UNDERTAKER P. Seo Local Peristran	1 2 4 00.00
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Re	- The country are

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUENPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (Recommendations on statement of (secondary or intercurrent)



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT

RECORD

V. S. No. 1.

N. B.-Every Item CAUSE OF Important.

WRITE PLAINLY, WITH

Village or City Branchville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23/ St.; Ward) [If death occurred in a hospifal or lossifution, give ifs, NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the Word)	18 DATE OF DEATH Seeg 30, 1913 (Monya) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Georg 244, 1915, to Gue 30, 1915
7 AGE (Month) (Day (Year) 1 day, hrs.	that I last saw here alive on acception and that desth occurred on the date stated above, at 8. a.m. The GAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Chronie Replicates (Ouration) 8 yrs moss. vs.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	Contributory Enterties Casha Casha Secondary (Beratton) yrs mos ds. (Signed) Catalogue , M. 0. (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Eleanor Scaggo Harr (Address). Dranchville	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Sept 1 st 1915 - John Smith	20 UNDERTAKER ADDRESS

20 UNDERTAKER ADDRESS Judens Lug red. REGISTRAR In more lanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tübercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaecte, when a defit of disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



T. B. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

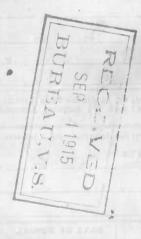
County Leves	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 237
Village or City Agricultus (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h 12 alive on accept 6 19 1915.
7 AGE If LESS than 1 day,hrs. ORmlo.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kied of work	J. J. J. Secth. J. W. L. Section
(b) Geogral nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF HANG Sucallused	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Muse Device	if not at place of death? Former or usual residence
15 Filed Ang 8th, 1913- Henry B. Anter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra:	t, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar: pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia "Contributory." which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

13902 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County Rend 10	Registration Dist. No. 239
Village or City Laurel (No. , 2 Pulla Market) Sulia Market Marke	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 color or race MARRIED, WIDOWED. Semale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 (HEREBY GERTIFY, That I attended deceased from 2000 2000 1915 to August 24 1915
(Month) (Day (Year) 7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 1400 m, The CAUSE OF DEATH * was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment la which employed (or employer)	(Duration) 4 mos ds.
9 BIRTHPLACE (State or country) & Known 10 NAME OF FATHER	Secondary due (Duration) fall due 21, 1915 The due (Duration) fall due 3 ds.
OF FATHER (State or country) Un ferror	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of deathyrs mos ds.
(Informant) The BEST OF MY KNOWLEDGE (Informant) My Month (Address) 9 20 Drench St. Hash, NG Filed Aug, 24-, 1915 Www, a, Fairall REGISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registray, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Never return Precise statement of occupa-"Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Contributory." The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for



V. S. No. 1.

70000	
1 PLAÇE OF DEATH	STATE OF MARYLAND
(Parisa Ferge)	CERTIFICATE OF DEATH
County	11/1/
1 1 Va ma	Registration Dist. No. 233
Village or City TES Wille No. 1110	St.: Ward) [If dealh occurred in
Village of City	a hospital or institution,
Tealward &	Howas of street and number.]
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 8 23.1915-
Mich Offed or Divorcep	(Month) (Day) (Year)
// (Write the word)	17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	ally 22, 1915; to all 28, 1915;
(Month) (Day) $(Year)$	that I last saw h Malive on aug 23, 1915;
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 4 Pm.
1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrs. 8 mos. ds. OR min.?	THE CAUSE OF DEATH & Was as follows:
8 OCCUPATION	alle les Contriblés
particular kind of work Oahluler	
(b) General nature of industry	
business, or establishment in which employed (or employer)	Outster of the class
9 BIRTHPLACE	Contributory Secondary
(State or country) Will	(Qurallon) yrs mos ds.
10 NAME OF FATHER	(Signed) Mula Dauslung, M. O.
suite a a a	Nihable 2- The stort los Mis
11 BIRTHPLACE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z OF FATHER (State or country) lulleuouy	CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) limiteriory 12 MAIDEN NAME OF MOTHER Mary Phorinas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deeth yrs. mos. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE PEST OF MY KNOWLEDGE	Where wes disease contracted, if not at piece of death?
Celland & Hours	Former or
(Informant)	usual residenca
(Address) Torestville Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUUTESS)	Cem- on the Thomas Phill
Filed aught 25 1915 Parmel & Coy	20 UNDERTAKER ADDRESS
REGISTRAR	South draw I draw Prestrillo IM A

more blanks are medeal, address State Registrar, 16 W. Saraton, St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary freman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fiber (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be state surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of ski head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenia," Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning, birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" chopneumonia Example: Measles (disease causing death), 29 ds.; Brorent) affection need not be stated unless importan cough; Chronic vulvular heart disease; Chronic interstition "Tumor" (name origin; "Cameer" is less definite; avoid; ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of . . "Coma," for malignant neoplasms); Measles; (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never report inch The contributory (secondary or intercu etc.), "Puerperal septichaemia, "Dropsy," "Atrophy," "Col-(Recommendation "Exhaustion,



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	18 18	AGES	it may	ack of
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be ca	E OF DEATH in pla	ery important. See
V. S. No. 1.	WRITE	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE	OCCUPATION is very important. See instructions on back of certificate.
V.S.		z		

Coun	\mathcal{P}	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MIDOWED ON DIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 20 4, 1915, to 26 4, 1915 that I last saw him alive on 25 1915
.8 00	yrs, 8 mos. 2 % ds. OR min.? CCUPATION 1) Trade, profession, or ricular kind of work	and that death occurred on the date stated above, at 424 m The CAUSE OF DEATH * was as follows:
R S L S S S S S S S S S S S S S S S S S	10 NAME OF FATHER Carence Confidence (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary Lyphing (Durellon) (Signet) (Signet) (Signet) (Signet) (Address) (Add
	OF MOTHER Margret M Beuchler 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Rever dall (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth yrs
15 File	ed Qua 28, 1955 Mns. Jas Severe If more blanks to needed, address State Registrar,	Leas Langer De Cuy 26, 1915. 20 UNDERTAKER ADDRESS ADDRESS ADDRESS 30-6 Copt St 16 W. Saratoga St Calto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servont, Cook is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return For persons who have no occupation whatever, At home. Care should be etc., without more engineer, Civil If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. cough; Chronic pulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Pebliity" ("Con-Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) under the head of "Contributory." Struck by roilway train-accident; Revolver wound of The contributory (secondary or intercur-Never report mere (Recommendations

If the certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 31915
BUREAU, V.S.

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Very should state OCCUPATION IS RECORD 90 PERMANENT 4 THIS AGE she properly c INK UNFADING may certificate. ō WITH terms, 00 Instructions plai u DEATH See Item 0



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

Ilf death occurred la a hospital or institution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. ORDIVERCED Surgle (Write the word) WIDOWED, (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1000 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. _ Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death?. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. ented thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease eausing death), 29 valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanltion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. eause of death approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctunus) may be stated under the head of (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S

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HANS lent of	Cour	nty Prince Georges	STATE OF MARYLAND CERTIFICATE OF DEATH
YSIC		20:40 11:11	Registration Dist. No. 236
PHY ot sta	Villa	ge or City MILCHELLITUL(No. ,	St.; Ward) [If death occurred in a hospitat or institution,
CTLY.	***	2 FULL NAME Sarah 6. Wan	give its NAME instead of street and number.]
EXAC sified.	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
relasi	3 SE	emale Colored Single, Married, Single on Divorcep (Write the word)	16 DATE OF DEATH Aug. 21, 1915 (Month) (Day) (Year)
properly rtificate	G DATE OF BIRTH.		17 I HEREBY CERTIFY, That I attended deceased from
shound be of cel	7 AG	(Moj(th) (Day) (Year) If LESS that	
AGE it may back o		yrs. / mos. /3 ds. 1 day, hrs	The CAUSE OF BEATILY was as fellows.
that on	8 oc	CCUPATION) Trade, profession, or	due to natural causel
suoi suoi	TOU(b	rticular kind of work	Sick swee broth and ill write
ily s	Dus	siness, or establishment in ich employed (or employer)	deorthoea ? (Ouration) yrs mos ds
carefu lain te	9 BI	(State or country) Prince Georges Co.	Contributory Page Heren & Scathe Secondary 7 VB.
in plai	O 11 BIRTHPLACE OF FATHER (State or country) Dirginia 12 MAIOEN NAME O 12 MAIOEN NAME		(Signed) S. M. Leon Verger J. P. Coroner
TH			ang 22. 1915 (Address) Mitchellville.
rmation should SE OF DEATH very important			State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
E OF	PA	OF MOTHER ROSE adams	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
S U S		13 BIRTHPLACE OF MOTHER (States Country) Prince Grace 60	At place In the of deathyrsmosds. Stata,yrsmosds
O CA	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
state ATI	(Informant) la partie Warrer ())		Figuritation Haust residence
Every item of in should state CA OCCUPATION		(Address) Mitchellville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
P. C.	Fled aug 22, 1915 S.M. Leonberger		20 UNDERTAKER ADDRESS
S S	Tile	Local REGISTRAR	a. W. Chaney Hone Halle Md.
-	1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Dequesting V. S. No. 1.

13906

1 PLACE OF DEATH

Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; surgical operation was undertaken. For violent neaths Struck by railway train—accident; Revolver wound "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronie rubular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" chopneumonia (secondary), 10 de. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shoek," "Uracnia," "Weakness," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably State cause for which Never report mere



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STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

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7	WRITE

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF	DEATH 13908
County Phine	George,



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 214	5

-Ward)

Ilt death occurred in a hospital or institution, give its NAME instead of street and number.]

addie Louise Wilson

SEX White Bance of bance of price of the word) DATE OF BIRTH DATE OF BIRTH Age of the word) TAGE OCCUPATION (a) Trade, processin, or particular and of the word of the		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH Comparison C	351	MARRIED, Meagned	(Month) (Day (Year)
TAGE (Nonth) (Day (Xear) TAGE (Nonth) (Day (Xear) That I list saw how alive on the date stated above, at ST m, and that death occurred on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how alive on the date stated above, at ST m, that I list saw how all that dath occurred on the date stated above, at ST m, that I list saw how all that dath occurred on the date stated above, at ST m, that I list saw how all that death occurred on the date stated above, at ST m, that I list saw how all that death occurred on the date stated above, at ST m, that I list saw how all that death occurred on the date stated above, at ST m, that list saw how. The CAUSE OF DEATH was as follows: The CAUSE OF DEATH of RESIDENCE (On Institution), that I list saw how all the date stated above, at ST m, that I list saw how all that death occu	6 D		
TAGE Month Day (Xear)		10000 4 25 .059	mar 1 , 1915, to aug 1 1, 1915,
**State or country) **Many Care Contributory Secondary **State Or Country Secondary **State Or C			that I last saw how alive on Que 17 ,1915
Social profession, of particular kind of work. (b) General nature of lindustry, business, or establishment in which employed (or employer) BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Larance Wilson (Address) 16 Jana Carance Wilson (Address) 17 Jana Carance Wilson (Address) 18 Larance Wilson (Address) 19 PLACE OF BURIAL OR REMOVAL ACCOUNTS STORE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE	TAG	SE If LESS than	and that death occurred on the date stated above at
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(Address) Hyattein Cla Med 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Beltsville, Med Grag 19, 1915 Filed Clud 19, 1915 Moro Sar Serville 20 UNDERTAKER CODRESS Delta Sara Bladen of Burial A Gazelo Sous Bladen of Brace	(Informant) Lo Carance Wilson	Former or
Filed Cruz 19", 1915 Mrso. Jas Sovere 20 UNDERTAKER 60 DRESS Schutz REGISTRAR Folgasch's Done Bladens Prince		(Address). Hyattzirille md	
			Tranchis St. Dalla Bous / Stradenstring

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclaby earbolic acid—probably suicide. The nature of injury, as fracture of skull, and consequences (e. Accidental drowning; Struck by railway train-act such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerpelal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poison is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Meastes (disease causing death), 29 ds.; (Recommendations on statement of For vioof



V. S. No. 1.

County PLAGE OF DEATH 13909 County Plage Of Death 13909	STATE OF MA CERTIFICATE (Registration Di	OF DEATH
Village or City (No. (No. (No.))	Goring Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDDWED WIDDWED OR DIVORCED (Write the word)	(Month) 17 I HEREBY CERTIFY, That I at	(Day) , 1915
6 DATE OF BIRTH		
(Month) (Day) , 1914	that I last saw halive on	
7 AGE If LESS than	and that death occurred on the date st	tated above, atm.
yrs. mos. ds. ds. or min.?	The CRUSE OF DEATH & was as follow	ws: alleudence
8 OCCUPATION (a) Trade, profession, or	9 10 10	
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Historia (Ouçation)	yrs mos 2 ds.
9 BIRTHPLACE (State or country)	Contributory	
10 NAME OF WAShing	(Signed) Aug Ouration)	series (m. o.
BIRTHPLACE OF FATHER (State or country)	*State the DISFASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; and SUCIDAL OF HOMICIDAL.	in deaths from Violent (2) whether Accidental,
of MOTHER OLD AND AND AND AND AND AND AND AND AND AN	SUICIDAL OF MOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)		,yrsmos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	••••••
(Informant) M. M. Janua	Former or usual residence	
(Address) Vitaline, Mil	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Extense, ma.	ang. 12, 191.0
Filed ang. 12, 1913 Carrie J. Harrison	In South annatury	Medin Marlon
If more thinks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S/No. 1	111

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servent, Cook, taken to report specifically the occupations of persons precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthfulsecond statement. various pursuits can be known. The question For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Heemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Urannia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic ocid-probably Struck by roilway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchapmeumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ges, perilonacum, etc., Carcinomo, Sarcomo, etc., of (name origin; "Cancer" is lesse definite; avoid use of nephritis, etc. cough; Chronic valvular heart, disease; Chronic interstitial "Tumor" for malignant neophisms); Measles; Whooping or miscarriage as "Tuenperal septechaemia," Always qualify all diseases resulting from child-The contributory (secondary or intercuris less definite; avoid use of "Dropey," "Exhaustion, report mere

